

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) USW Works			FEC IDENTIFICATION NUMBER ▼ C C00556274		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Falcon Paymasters			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016		
Mailing Address 5933 South Highway 94 Suite 204			Amount 2179.20		
City Weldon Spring	State MO	Zip Code 63304-5608	Transaction ID : EC0F8244BA9F84E2A8F6		
Purpose of Expenditure Voice over video		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 13 / 2016		
Name of Federal Candidate Kathleen Alana McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 101060.60			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee JVA CAMPAIGNS			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016		
Mailing Address 240 N. 5th St. Suite 360			Amount 96719.70		
City Columbus	State OH	Zip Code 43215-2600	Transaction ID : EBBBC4D70DAD3477A82		
Purpose of Expenditure Digital Ad Campaign		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 05 / 2016		
Name of Federal Candidate Kathleen Alana McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 101060.60			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98898.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Stanley Johnson</i>		[Electronically Filed]		Date MM / DD / YYYY 04 / 13 / 2016	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 60 Boulevard of the Allies		Amount 2161.70	
City Pittsburgh	State PA	Zip Code 15222-1214	Transaction ID : E1B0EF7DB39AB4CF3887 Date of Disbursement or Obligation MM / DD / YYYY 04 / 13 / 2016
Purpose of Expenditure Reimburse video production costs		Category/Type	
Name of Federal Candidate Kathleen Alana McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		101060.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2161.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	101060.60

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Stanley Johnson

[Electronically Filed]

Date

MM / DD / YYYY
04 / 13 / 2016

Signature